

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/562744
APPLICANT/	
FILED DATE	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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49							
50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←	8	←		←
TOTAL CLAMS			9	9	9		9
TOTAL IND.							↓
TOTAL DEP.							↓
TOTAL CLAMS							↓

BEST AVAILABLE COPY